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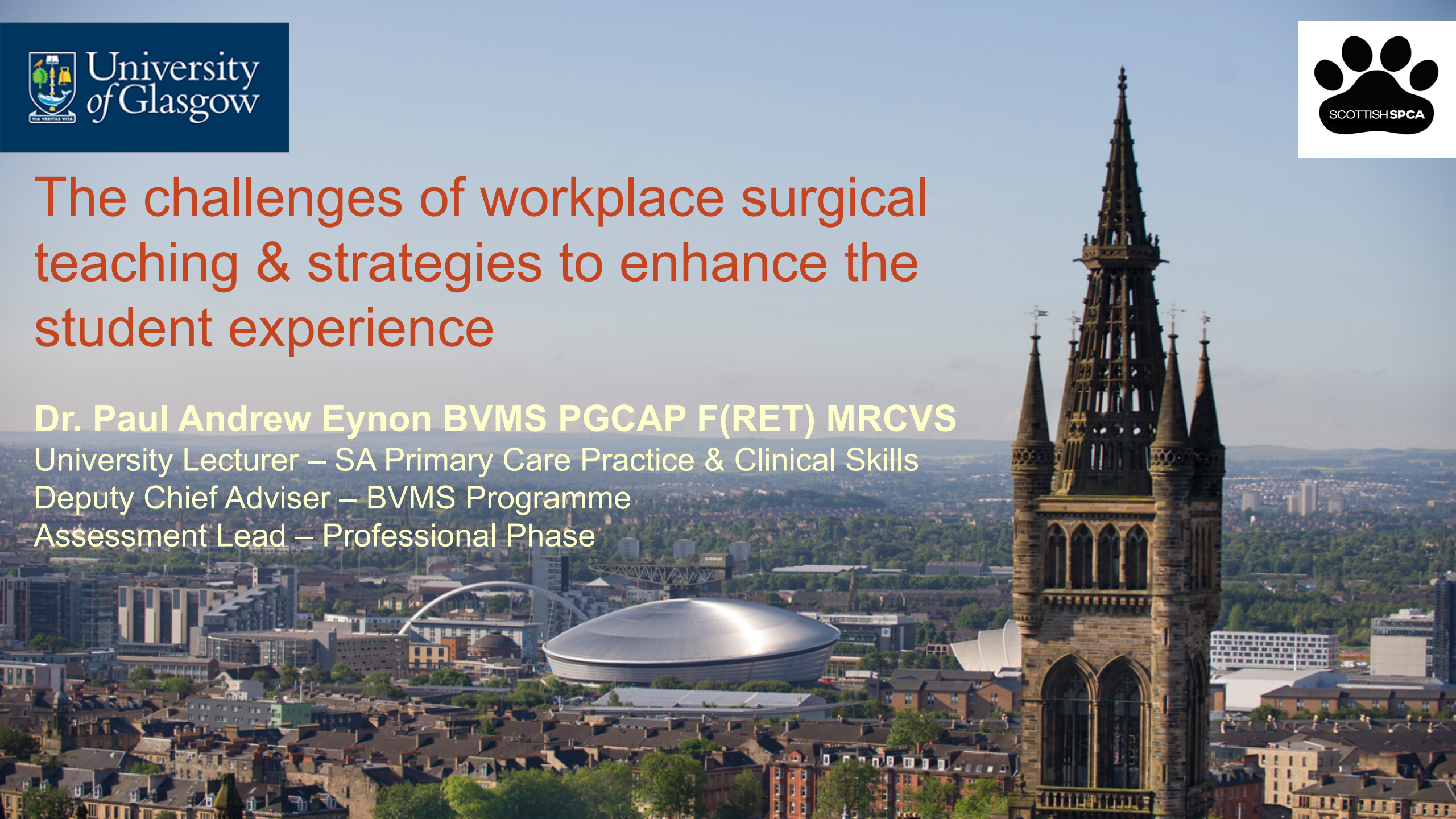
# The challenges of workplace surgical teaching & strategies to enhance the student experience

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# Workshop Structure

- **Activity 1** – Working in small groups, participants will complete a short ice-breaker task requiring a collaborative approach to a surgical problem.
- **Activity 2** – Each group will be given a workplace surgical-related challenge/scenario to discuss/brainstorm how they might manage this.
- **Activity 3** - Each group will then feedback to the larger group on proposed strategies, followed by a wider group discussion on the particular challenge/scenario with a brief sharing of UofG experiences.
- **Activity 4** - Close of session with summary of strategy points.







# Icebreaker Task

- Identify the person in your group with the **least surgical/suturing experience** – **Time 1 minute.**
- As a group, ‘**teach**’ your student how to place a **series of simple sutures** (Interrupted) into the banana(s) available – **Time 5 minutes.**
- There are both Right **and** Left handed Needle-Holders available.
- We’ll then have a **timed challenge**, during which your ‘student’ can display their **artistic flare** in **suturing their preferred Haribo to the banana** (other sweetie types are available through all good sweetie retailers...) – **Time 4 minutes.**
- **Feel** the pressure and stock up on sugar!





# Background

- Surgical **skills** training of our undergraduates is fundamental in them being deemed '**Day One Competent**' by the RCVS.
- As individuals, having the confidence and ability to see a routine surgical case through to conclusion, is **hugely rewarding**.
- This invaluable experience comes with its own set of **challenges** for us as Veterinary Educators in the meeting of these **expectations**.
- Identifying some of these challenges, we'll explore how we can creatively manage them in the busy shelter workplace environment, aiming to **enhance the learning experience** for our students.







# SA Primary Care – Scottish SPCA



- Rotation has recently entered its 4th year.
- Core Small Animal Practice Block – **Final Year Students**.
- **3 mornings** minimum.
- Opportunity to participate in 'Student-Led Neutering Scheme'.
- **Maximum 3 students** in each group.
- **3-5 procedures** per group overall (limited caseload).
- Directed to **learning resources** prior to attending (Moodle & Mahara).
- **Roles: 2 Student Surgeons** per procedure & **1 Student Anaesthetist** (rotate through the roles during the week).
- Animal Care Assistant/RVN **support** only on the Student-Led Scheme day.
- **Procedures (Canine & Feline):** Castrations, OVHs, Dentals, 'Lumpectomies'...
- My role: Overall '**supervisor**' of the rotation.

# Scenario Examples

1. Discussion re obtaining informed consent, the '**difficult**' conversations and student '**anxieties**' around the admit appointment.
2. Mixed **ability** group – **who** do we focus on, **how** do we manage this and **why**?
3. 3 Students but **only** 1 x canine OVH – How do we **reduce anxiety** surrounding breaking down of the suspensory ligament in canine OVH, when only 2 ligaments available?
4. How do we maximise the take-home from a **limited caseload and within time constraints**?







## Scenario:

### Admit Appointments for 'Student-Led Neutering Scheme'

- Clients book onto the Student-Led Scheme knowing that there will be Final Year Vet Students heavily involved.
- Students have the opportunity to interact with ONLY one client during the surgical week. Prior to the week, to prepare, students are provided with the admission and procedural consent form, as will be used on the day of admission.
- On the day, they have 20 minutes to process the necessary paperwork with the client, answer client questions and perform their physical examination. They do so without their supervisor in the room.
- Following this 20 minutes, the student will bring into the room and introduce to the client, the supervising Vet. There is time at this point, for the client to ask further questions of the student and the supervisor.
- The student will then assist in processing the payment for the procedure at reception whilst the supervisor will have taken the patient through to the prep area.
- **Considerations around students admitting patients for procedures:**
  - How might students identify and deal with questionable cognition of the owner?
  - How might students feel and/or evidence obtainment of informed consent?
  - How can we as educators and supervisors, reduce some of the anxieties in having the 'difficult' conversation(s) around risks of GA and surgery?
  - How would you approach discussion around costing?
  - How might we manage the situation where the client 'saves' their questions for the supervisor and wants to speak to the supervisor instead of the student?
  - How could we best support the student during this admit appointment – in the room, outside 'listening' or away from the room and why?
  - What overall useful phrases/terminology would you advise students to use?



## Scenario:

### Mixed ability group – the: who, how and why?

- Students will typically spend 3-4 mornings on the 1<sup>st</sup> opinion surgery week. They are ALL exposed to the same practical classes from week 2 of the 1<sup>st</sup> Year of the BVMS Programme: suturing tuition, cadaver surgery classes – abdominal approach and closure, Rabbit ovariohysterectomy and castration with DOPS and OSCEs used to assess these practical skills Years 1-4. The common ‘neutering’ procedures are taught utilising a flipped classroom approach during the Online/SDL Reproduction Module in the 4<sup>th</sup> Year of the course.
- All students are aware of the requirement to complete 26 weeks of Clinical EMS between the start of 3<sup>rd</sup> Year and the end of their 5<sup>th</sup> Year – an opportunity to practice and hone their skills.
- Prior to attending the SA Practice surgical week, students are directed to engage with the learning materials regarding the common neutering surgeries including suturing, hand-ties, general anaesthesia in first opinion practice. These surgical learning resources take the form of step-by-step video recordings, taking students through the surgery from cut to close.
- Our students hail from a variety of social and cultural backgrounds both here in the UK, the USA, Canada, China, Singapore, South Africa. Along with their University teaching, they also bring a wide range of experiences and practiced skills from their EMS placements.
- **Considerations around mixed ability groups when it is one supervisor to 3 students:**
  - How would you identify the range of abilities within the group?
  - Who would you ‘concentrate’ on in the group with regards to ‘pitching’ the level and why?
  - How would you support the student(s) to maximise the benefit from the week?
  - How might you manage feedback to the students within the time constraints?
  - What strategies could you employ to enhance the student-to-student interactions within the group?
  - How could we account for cultural difference when it comes to assessing abilities?
  - How might we manage a particularly vocal and confident student in the group?





## Scenario:

### **We've 3 Students but only 1 Bitch Spay – how do we reduce anxiety surrounding breaking down of the suspensory ligament when we only have 2 suspensory ligaments available?**

- Many students and employers, regard Bitch Spays as a 'Day One Competency'. Often, we'll receive post-rotation feedback from the students detailing that they'd have liked more than one bitch spay as they feel pressure to be competent in carrying out the procedure prior to graduation.
- Students will typically spend 3-4 mornings on the 1<sup>st</sup> opinion surgery week. They are ALL exposed to the same practical classes from week 2 of the 1<sup>st</sup> Year of the BVMS Programme: suturing tuition, cadaver surgery classes – abdominal approach and closure, Rabbit ovariohysterectomy and castration with DOPS and OSCEs used to assess these practical skills Years 1-4. The common 'neutering' procedures are taught utilising a flipped classroom approach during the Online/SDL Reproduction Module in the 4<sup>th</sup> Year of the course.
- Prior to attending the SA Practice surgical week, students are directed to engage with the learning materials regarding the common neutering surgeries including suturing, hand-ties, general anaesthesia in first opinion practice. These surgical learning resources take the form of step-by-step video recordings, taking students through the surgery from cut to close. During induction week into the final year of the programme, students are advised that they will spend ONLY 3-4 mornings at the Scottish SPCA, with typically a single procedure each morning: Morning 1 – Dog Neuter, Morning 2 – Flank Cat Spay and Morning 3 – Bitch Spay.
- **Considerations around teaching a bitch spay when you've 3 students and a single spay:**
  - How do we manage frustrations on the student's part re lack of opportunity?
  - Is it the University or EMS provider's responsibility to provide opportunities?
  - How might we approach the discussion re a bitch spay being regarded 'Day One'?
  - How best might we teach the single bitch spay with the 3 students?
  - What components of this procedure do we feel students 'struggle' with the most?
  - How could the student better prepare for this procedure prior to the rotation?
  - Do we have any suggestions on how to support students in the 'safe' breaking down of the suspensory ligament?
  - What are our feelings around 'Spay/Neuter Experiences' Overseas? Should they be compulsory?



## Scenario:

**You've 3 students for 3 mornings first opinion surgery: they perform 1 procedure each morning – which common neutering procedure(s) would you like them to perform – 3 of the same or 3 different ones?**

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- Prior to their surgical week, students are directed to engage with the learning materials regarding the common neutering surgeries including suturing, hand-ties, general anaesthesia in first opinion practice. These surgical learning resources take the form of step-by-step video recordings, taking students through the surgery from cut to close. During induction week into the final year of the programme, students are advised that they will spend ONLY 3-4 mornings at the Scottish SPCA, with typically a single procedure each morning: Morning 1 – **Dog Neuter**, Morning 2 – **Flank Cat Spay** and Morning 3 – **Bitch Spay**.
- **Considerations around maximising the take-home from a limited caseload:**
  - How do we feel about the spread of common neutering procedures listed above – do we think it'd be better to concentrate on a single procedure 'type'?
  - Apart from the surgical steps, what other components surrounding the procedures do we feel are important?
  - What do we want our students to be able 'to do' upon completion of the 3 mornings – i.e. key take-home skills?
  - How can we manage student expectations surrounding their abilities during the week and beyond?
  - What methods could we utilise in order to have students arrive at the rotation, fully prepared?
  - Considering a single procedure, in a first opinion environment with no nursing support, how best could we utilise the student's skills whilst enhancing their experience?





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# Questions?

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# ILOs & Attendees

## Intended Outcomes:

### Participants should be able to:

- Outline some of the challenges faced within a busy workplace-based surgical teaching environment.
- Identify creative strategies to manage some of these challenges.
- Appreciate how they might adapt and incorporate these strategies into their own teaching.

## Who should attend/level?:

- Those already teaching surgical exercises with students – facing challenges.
- Relevant to the planning of surgical training programmes in a primary care/shelter environment.
- Anyone with an interest in workplace learning.